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Alliance India

Psychoactive Substance use & HIV risk among MSM, Transgender Women & Hijra Population in India

Challenges, Intervention Gaps & best practices – a Policy perspective

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Executive Summary

The increasing use of psychoactive substances among communities of men who have sex with men, transgender women and hijras has been a cause of concern globally. Even with limited data available on this specific area, it is evident through recent studies that sexualized drug use or chemsex in India is on the rise. Evidence from a study analysing national Integrated Biological and Behavioural Surveillance (IBBS) data found that one in three MSM (33.88%) in India were substance users and that the HIV prevalence was significantly higher among them (3.8%, $p < .05$). Studies also indicate that the most common substances used among MSM, transgender women and hijras are alcohol, cannabis and Amphetamine-Type Stimulants (ATS). Key findings from a case-control study conducted by Alliance India have contributed to the evidence-base in the development of this policy brief.

Despite various demand reduction, supply reduction and harm reduction initiatives by different Ministries under the Government of India and other agencies, integration of services for key populations remains elusive. The existing programs are most often delivered in siloed approaches: either exclusively targeting only sexual risk behaviour or substance use. As MSM, transgender women and hijra persons who also use substances, these populations face an increased likelihood of discrimination, which can lead to poor health-seeking behaviour that in turn can increase public health risks. This reflects an urgent need for policy-level dialogues to facilitate modifications to existing programs, ensure a more inclusive approach, and consider emerging evidence from the field.

This document discusses the challenges confronting programs that attempt to address the needs of this specific population. These include inadequate information on substance use in existing programs for MSM, transgender women and hijras; limited understanding of intersectionality; increased risk-taking associated with substance use; absence of appropriate harm reduction and drug treatment services; few treatment options for ATS use; lack of enabling environment and criminalization of drug users and the need to mitigate the impact of the COVID-19 pandemic on service access.

It also highlights key issues that merit urgent attention including gaps in information on services that can be availed; intersectionality; barriers in terms of structures and finances; stigma and discrimination; legal rights; communication strategies and appropriate services that comprehensively address the needs of these communities that also use substances.

This policy brief concludes with a brief set of recommendations:

- Integrate service delivery and referrals encompassing harm reduction, sexual health and mental health services for MSM, transgender women and hijras who use substances.
- Provide accurate and updated information through service delivery points on substance use, harm reduction services, detoxification, rehabilitation, safer drug use, interactions between substances, overdose management, PEP, PrEP, as well as HIV, STIs, viral hepatitis and other blood-borne viruses
- Sensitize and educate project staff, service providers and healthcare professionals to increase awareness and provide appropriate support to community members
- Facilitate cross-learning between programs and interventions for enhanced understanding of the nuances of harm reduction, substance use treatment and sexual health.
- Engage social media platforms to extend reach and communicate accurate messages on services.
- Invest in community-led harm reduction services for MSM and transgender communities, ensuring meaningful involvement of the communities at all stages and levels of intervention
- Encourage communication and networking with other key population groups to collectively ensure that shared challenges are addressed.
- Conduct implementation research to inform program design and enhance the effectiveness of program implementation
- Provide information on the legal rights of drug users, and advocate for the decriminalization of drug use and drug users
- Build capacities of community members to educate peers and increase access to services for substance use treatment

Background and Context

There have been rising concerns around the issue of psychoactive substance use among men who have sex with men (MSM) and transgender women/hijra (TGW/H) populations globally. While there is limited data available on this subject, particularly in the Asian context, an increasing number of studies in countries around the world have noted an increase in the use of 'new psychoactive substances such as amphetamine-type stimulants (ATS), besides alcohol and opioid drugs.

According to a recent review of sexualized drug use (SDU) among MSM and TGW in Asia[1], the main motivations for SDU include enhanced and prolonged sexual activity, besides being perceived as a coping mechanism for identity-based stigma and discrimination. Unprotected sex was widely reported, against a backdrop of limited availability of and access to harm reduction services.

'Chemsex' is an emerging term that refers to the use of certain drugs in the context of sex. It is a term associated with a number of communities of gay and bisexual men. Specifically, it refers to sex that is accompanied, enhanced and/or facilitated by drugs. People engaging in chemsex have multiple vulnerabilities, leading to increased public health risks.[2]

Substance use among MSM and transgender women/hijra persons has been associated with the likelihood of increased sexual risk-taking in the form of unprotected sex, sex with multiple partners or coercion resulting in increased HIV risk, as well as transmission of sexually transmitted infections (STIs) and blood-borne viruses.

In India, amid reports of increasing drug use among MSM and transgender women/hijra communities, there is insufficient data available on this specific population. The National Survey on Extent and Pattern of Substance Use in India notes that specific population groups including transgender people could not be adequately covered under their survey, and that data on the extent of substance use among these populations would be vital to generate a comprehensive picture of substance use in the country.[3]

However, it is possible to infer from recent studies that the issue merits urgent attention and action. For instance, evidence from a study analysing national Integrated Biological and Behavioural Surveillance (IBBS) data found that one in three MSM (33.88%) in India were substance users and that the HIV prevalence was significantly higher among them (3.8%, $p < .05$).[4] Studies also indicate that the most common substances used among MSM, transgender women and hijras are alcohol, cannabis and ATS.

Alliance India recently concluded a case-control study to assess the associations between psychoactive substance use and HIV risk among MSM and transgender women + hijra populations in India. The study populations were sampled mainly from Samarth program (Alliance India's program for community-led HIV screening and treatment linkages for men who have sex with men and transgender & hijra population) sites and Vihaan care and support sites (which comes under Alliance India's Care & Support Program which aims to enhance treatment adherence and retention in HIV care for People Living with HIV in India) across 5 states (Delhi, Telangana, Punjab, Gujarat and West Bengal). Out of a total sample size of 264, 132 cases (HIV seropositive MSM and transgender women/hijras) and 132 controls (HIV seronegative MSM and transgender women/hijras) were sampled. Key findings from this study have contributed to the evidence-base in the development of this policy brief.

Substance use and HIV-related risk behaviour and practices are currently addressed through different programs under the Government of India. HIV prevention and treatment services for high-risk groups (HRG) are provided by the Ministry of Health and Family Welfare (MoHFW) through the National AIDS Control Organization (NACO) and the State AIDS Control Societies (SACS) in the states. Various divisions at NACO supervise service delivery at the national, state and district levels. Non-governmental organizations (NGOs) and community-based organizations (CBOs) implement targeted intervention (TI) projects designed to

[1] Asia Pacific Coalition on Male Sexual Health (APCOM), 2021. A Qualitative Scoping Review of Sexualised Drug Use (including Chemsex) of Men who have Sex with Men and Transgender Women in Asia

[2] The International Network of People who Use Drugs (INPUD), 2019. Chemsex: A Case Study of Drug-Userphobia

[3] Ambekar A, Agrawal A, Rao R, Mishra AK, Khandelwal SK, Chadda RK on behalf of the group of investigators for the National Survey on Extent and Pattern of Substance Use in India (2019). Magnitude of Substance Use in India. New Delhi: Ministry of Social Justice and Empowerment, Government of India

[4] Kumar P, Aridoss S, Mathiyazhakan M, et al. Substance use and risk of HIV infection among Men who have Sex with Men in India. Medicine (Baltimore). 2020;99(35). doi:10.1097/MD.0000000000021360

address the needs of specific HRGs such as people who inject drugs (PWID), MSM, transgender/hijra persons, sex workers and bridge populations. TI projects, through drop-in-centres and outreach-based service delivery, provide a package of prevention, support and linkage services including screening for and treatment of STIs, free condoms, behaviour change communication, counselling, community mobilization and linkages to Integrated Counselling and Testing Centers (ICTCs) and care and support services. Additionally, TIs for PWID also implement harm reduction services such as needle syringe programs, opioid substitution therapy (OST)/opioid agonist therapy (OAT) and linkages to detoxification and rehabilitation services.

The Ministry of Social Justice and Empowerment (MoSJE) is the nodal government agency for drug demand reduction in India. Through the National Action Plan for Drug Demand Reduction (NAPDDR), it implements a range of activities including preventive education, awareness generation, capacity building, treatment, rehabilitation, skill development and research. The Ministry provides financial assistance for the operation of Integrated Rehabilitation Centers for Addicts (IRCAs) across the country for in-patient treatment and rehabilitation of people who are dependent on substances. The MoSJE also supports Outreach and Drop-in-Centers (ODICs) that provide screening, counselling, referrals and linkages to rehabilitation centres.

The Narcotics Control Bureau (NCB) under the Ministry of Home Affairs, Government of India is responsible for the enforcement of the provisions of the Narcotic Drugs and Psychotropic Substances (NDPS) Act 1985, which constitutes the statutory framework for drug law enforcement in India. The agency is tasked with combating drug trafficking and the use of illegal substances under the provisions of the NDPS Act, as part of supply reduction measures. It works in close coordination with the Customs and Central Excise/Goods and Services Tax department under the Ministry of Finance, State Police Departments, Central Bureau of Investigation, Central Economic Intelligence Bureau and other intelligence and law enforcement agencies at the national and state levels.

Despite these initiatives by the Government of India and development partners, the integration of services for key populations remains elusive. The existing programs are most often delivered in siloed approaches: either exclusively targeting only sexual risk behaviour or substance use. The current programs have not been able to comprehensively address the service needs of substance users who also belong to the MSM and transgender women/hijra communities or vice-versa, neglecting the very real challenges of intersectionality.

Therefore, there is an urgent need for policy-level dialogues that will facilitate modifications to existing programs, ensure a more inclusive approach, and take into account emerging evidence from the field.

Understanding The Challenges

1. Inadequate information on substance use in existing programs for MSM, transgender women and hijras

The National AIDS Control Program's (NACP) Operational Guidelines provide a clear typology-wise framework for intervention packages for HRGs covered under TIs.[5] The NACP's strategy for harm reduction to be implemented through TIs for PWID encourages the establishment of strong referral networks to address substance use issues among sex workers, truckers and MSM and also recommends linkages with MoSJE-supported treatment centres and other private detoxification and rehabilitation centres.

However, current HIV interventions for MSM and transgender women/hijra persons in India are primarily focused on addressing their sexual health and risk behaviour, and are not currently oriented towards providing information and services for substance use. The Alliance India case-control also observed a significantly higher number of HIV seropositive individuals used deaddiction services (48%) however, the high cost of private de-addiction clinics and inadequate services provided at government centers is a potential barrier to the management of psychoactive substance use amongst them.

Although services for substance use treatment are available at facilities for PWID such as TI projects, detoxification and rehabilitation centres, these facilities are not located at the 'traditional' service centres frequented by MSM and transgender persons who use substances. Moreover, as there is no single window to access services for their specific needs, the fear of stigmatization is compounded as there is the apprehension

[5]National AIDS Control Organization. October 2007. Targeted Interventions under NACP III Operational Guidelines: Volume I Core High Risk Groups.

of disclosing substance use at a sexual health service or of disclosing sexual practices at substance use services. Project staff and healthcare workers providing services to MSM and transgender community members are yet to be comprehensively trained or sensitized on responding to the additional aspect of substance use and the treatment or referral options that can be offered to clients.

Thus, it is pivotal to implement integrated harm reduction services or establish services that have strong cooperation and referrals between harm reduction and sexual health services.[6]

2. Increased risk-taking associated with substance use

According to findings from a case-control study in India (Alliance India, Substance use & HIV risk report) among MSM and transgender women/hijra persons, the most common reason for not using condoms in the last 6 months was reported as: "did not use condom because was under the influence of substances" – 37 (28%) cases and 36 (27.3%) controls. This substantiates reports of lowered inhibitions and reduced condom use associated with sexualized drug use in countries across Asia[7], also highlighting the increased risk of virus transmission.

Analysis of the findings from the study shows that the proportion of HIV seropositive (54%) MSM and TGW/H individuals who consumed psychoactive substances was significantly higher than HIV seronegative individuals (44.4%) in the last 6 months. The consumption of psychoactive substances furthermore increased the risk of HIV by 2 times amongst HIV seropositive individuals.

Substance use, particularly combining alcohol and cannabis before and during sex to prolong pleasure from sexual acts was reported at 45% (cases) and 50% (controls). This reinforces what we have earlier stated on the association between substance use and perceived enhancement and prolonging of sexual activity. The study also reported the use of substances in large groups (26% cases & 24% controls) mainly because it was more convenient and cost-effective to pool funds to procure the substances to be used at 'high fun' (a term referring to the use of drugs in sexual contexts) events. However, the practice of injecting drugs in groups significantly increases the likelihood of sharing equipment, thereby increasing the chances of transmitting HIV and other blood-borne viruses.

3. Limited understanding of intersectionality

Most programs conduct risk-assessment of key populations at the entry point based on primary identity - whether it is sexual orientation, gender identity or substance use. Harm reduction services and other options for substance use treatment are yet to be integrated to sexual health services that serve MSM and transgender women. There still exists compartmentalization in attitudes and services despite mention in the NACP Operational Guidelines that "some Injecting Drug Users [People Who Inject Drugs] might be sex workers or MSM, and some of them are also female". Both project staff, as well as the communities concerned, are yet to be adequately educated on accepting and addressing intersectionality.

4. Absence of appropriate harm reduction and drug treatment services

People from the MSM and transgender communities often report that 'traditional' harm reduction and substance-use treatment services are not appropriate for their needs. The service-delivery points for substance users are most often tailored primarily for men who use substances[8,9], with very few harm reduction interventions and rehabilitation centres available even for women who use substances.

Transgender persons face additional challenges when it comes to seeking in-patient treatment services for detoxification or rehabilitation. There have been anecdotal reports of harassment and bullying faced at rehabilitation centres, as well as cases where transgender persons are made objects of ridicule as authorities cannot decide whether to admit them in male or female wards.

[6] INPUD. Chemsex: A Case Study of Drug-Userphobia

[7] APCOM, 2021. A Qualitative Scoping Review of Sexualised Drug Use

[8] UNODC, 2016. Addressing the specific needs of women who inject drugs: Practical guide for service providers on gender-responsive HIV services

[9] International Network of People who Use Drugs (INPUD) 2014. Drug User Peace Initiative A War on Women who Use Drugs

Besides treatment facilities supported by the government, there are also a number of private rehabilitation or 'de-addiction' centres that offer treatment for substance use. However, most of them reportedly charge fees that the average community member can ill-afford.

5. Limited treatment options for Amphetamine-Type Stimulants (ATS) use

The stimulating effects of ATS can impair judgement and inhibition, and lead people to engage in risky sexual behaviour. Particularly, ATS use and associated HIV infections among MSM pose a serious public health concern. Thus, co occurring ATS use and unprotected risky sexual behaviours increase the risk of HIV and other sexually transmitted diseases[10]

The treatment of MDMA (commonly known as Ecstasy) use and the emerging use of other new ATS drugs have not been extensively studied and the lack of evidence makes it difficult to know how best to treat people who use new ATS drugs.

At best, services for ATS users could include community-based prevention and health promotion, creating awareness, self-help groups, brief interventions of motivational interviewing and cognitive-behavioural therapy (CBT), intensive individual counselling, detoxification and withdrawal services, crisis interventions and emergency care, as well as long- term rehabilitation and reintegration services. Research suggests that cognitive–behavioural therapy applied in a stepped-care approach is the treatment of best practice for ATS use.[11]

6. Lack of enabling environment and criminalization of drug users

As per the NDPS Act, consumption of drugs is illegal and results in a jail term of up to six months or one year and/or a fine, depending on the substance consumed (Section 27, NDPS Act). For communities that already face multiple levels of stigma owing to sexual orientation, HIV status and poverty, criminalization of drug use and drug users is an additional factor that can lead to significant barriers in accessing life-saving health and harm reduction services.[12, 13] Global evidence indicates that criminalizing drug users does not reduce drug use. Instead, they drive people who use drugs and drug markets underground, which increases the vulnerability of drug users and their sexual partners.[14]

Therefore, it is crucial to educate community members and service providers on existing laws related to drug use and on the legal rights of drug users. It is also important to facilitate information-sharing and cross-learning with other community groups, networks and agencies who are already working on these issues.

7. Impact of COVID-19

The COVID-19 pandemic's impact on employment, income, migration and mobility has reportedly contributed to shifts in patterns and modes of substance use and increased poly-drug use owing to shortage of the substances of choice. In the Alliance India case-control study, a majority of the respondents reported decrease in their substance use [32(24.2% cases and 24(18.2% controls)] during the COVID-19 pandemic. However, this decrease in the reported frequency of use of their main substance of choice could also indicate a circumstantial shift in the combination of substances. The danger here lies in the fact that interactions between different substances could increase the possibility of overdose incidents.

[10]Harada, T., Tsutomi, H., Mori, R., & Wilson, D. B. (2018). Cognitive-behavioural treatment for amphetamine-type stimulants (ATS)-use disorders. The Cochrane database of systematic reviews, 12(12), CD011315. https://doi.org/10.1002/14651858.CD011315.pub2

[11] World Health Organization. Regional Office for the Western Pacific. (2011). Technical briefs on amphetamine-type stimulants (ATS). WHO Regional Office for the Western Pacific.

[12] Harm Reduction International, July 2021. Chemsex and Harm Reduction for Gay Men and Other Men who have Sex with Men: Briefing Note

[13]International Drug Policy Consortium (IDPC). 2016. IDPC Drug Policy Guide, 3rd Edition

[14]Global Commission on Drug Policy (June 2012), The war on drugs and HIV/AIDS: How the criminalization of drug use fuels the global pandemic, http://globalcommissionondrugs.org/wp-content/ themes/gcdp_v1/pdf/GCDP_HIV-AIDS_2012_REFERENCE.pdf

A study on the impact of COVID-19 on harm reduction that spanned seven Asian countries[15] recommended that more flexible approaches should be introduced to improve local supply chains concerning needle-syringe programs, HIV testing, STI screening/treatment and OAT; and that governments need to ensure medication and commodity stock-outs caused by COVID-19 related disruptions do not happen again.

In response to the challenges faced by PWID during the pandemic, NACO issued early guidance in 2020 on allowing take-home doses of buprenorphine as OAT for "at least seven days, based on the daily dosing and adherence level of IDUs, with issue of appropriate instructions" in view of movement restrictions during the pandemic.[16] This demonstration of flexibility on the part of the government is a crucial factor in ensuring uptake and continuity of service access by the community and in the development of strategies for the future. Equally important is the need to recognize the role of affected communities. The 2021 Political Declaration on HIV and AIDS acknowledges the crucial role played by communities during the COVID-19 pandemic in reaching people with services, and stresses the need to leverage these experiences to improve public health systems.[17]

Key Issues

- There are considerable gaps in information and knowledge among the MSM and transgender communities of available services for the treatment of substance use. These communities must be empowered with information if they are to take ownership of their own well-being and be part of the solution.
- Challenges in accessing services include structural barriers as well as financial constraints, particularly in the context of fees charged by rehabilitation centres
- Multiple levels of stigma and discrimination are detrimental to service access. This includes denial and self-stigma on the part of the community members in the context of substance use
- It is imperative to recognize and address intersectionality for a comprehensive approach to the health and rights of individuals
- It is crucial to ensure education on legal rights in terms of drug use and advocacy for the decriminalization of drug use and drug users. Often, fear of legal issues around drug use is a deterrent to seeking treatment
- There is an urgent need for innovative, non-judgmental communication strategies that focus on behaviour change
- Need for new, effective and flexible strategies that are adaptable in pandemic-like situations in future to ensure that uninterrupted services reach the community where they are located
- People from the MSM and transgender community who also use substances are an important target group for PrEP and PEP and need to be provided with appropriate information and services.

[15]Choudhury, Lincoln. Harm Reduction International. November 2020. The Impact of COVID-19 on Harm Reduction in Seven Asian Countries

[16]National AIDS Control Organization. Guidance note for persons engaged in HIV/AIDS response under National AIDS Control Programme in view of the COVID-19 scenario http://naco.gov.in/sites/default/files/Guidance%20Note-COVID-19.pdf (2020)

[17]Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030. https://www.unaids.org/sites/default/files/me dia_asset/2021_political-declaration-on-hiv- and-aids_en.pdf

> *"We have to understand that people who inject drugs and people who go for risky sexual behaviour many a times may be the same person. [The existing] siloed targeted approach has to be re-evaluated and an intersectional approach should be thought about"*
>
> **- MSM community leader and activist, New Delhi**

> *"Stigma has to be addressed urgently… proper mental health counselling is a must"*
>
> **- Program Manager, Samarth Delhi**

Good Practices: Global Examples

A report on the Global State of Harm Reduction[18] indicates that there have been efforts made by civil society organisations in Australia, Canada, Germany, Poland, the UK and USA to develop websites or printed information booklets that explain the effects of drugs commonly used by MSM and describe ways in which any associated harms might be mitigated. They often also include information about the legal status of each drug and provide referral information for direct contact services if readers consider their use problematic. Provision of psycho-therapeutic services or counselling specifically designed to address problematic drug use among MSM varies considerably across the world and within individual countries such as Australia, Canada, Germany, New Zealand, Norway, South Africa, Spain, Sweden, the UK and USA. Such therapy includes drop-in advice, motivational interviewing, support groups and cognitive behavioural therapy.

Chemsex features as a policy issue in the UK Government's Drug Strategy[19] with several actions to support a health system response. The strategy includes support for local areas to promote and publish guidance on effective practice, including targeted interventions and close collaboration between sexual health services and other relevant services including community groups.

Some examples of integrated service delivery interventions in the Asian region[20] include the following:

1. TestBKK, Thailand

TestBKK is a community-led initiative of APCOM to encourage MSM to get tested and access HIV services through online and social media in Thailand. They have launched specific harm reduction resources for MSM such as 'Safer Hi-Fun Guidance' that provides advice to reduce health risks when engaging in chemsex, and an 'Alcohol and Drugs Information Hub' that contains information on different substances, their effects, interactions with antiretroviral medications, safety cautions, and a list of support and counselling services available. TestBKK also sends out prevention packages that include a leaflet with a QR code to access harm reduction resources and to promote the use of PrEP.

2. Lighthouse, Vietnam

Lighthouse is a community-based organization with an online community space that combines community pages, groups, forums and information on rights, news, events and sexual health with an extensive knowledge base on HIV, STIs, harm reduction and mental health. The team also hosts webinars on chemsex practices. Lighthouse implements community-based interventions such as peer-led outreach and also operates a 'one-stop-shop clinic' called Lighthouse Clinic in Hanoi where young MSM, LGBTIQ youth, young sex workers and young people who inject drugs can visit for issues related to their sexual health and/or substance use.

[18] Bourne A. Drug use among men who have sex with men - Implications for harm reduction. In: Global State of Harm Reduction 2012. London: Harm Reduction International; 2012.

[19] Home Office. Drug strategy 2017. Available online at: https://www.gov.uk/government/publications/drug-strategy-2017

[20] HRI. 2021. Chemsex and Harm Reduction for Gay Men and Other Men who have Sex with Men: Briefing Note

Lighthouse also provides sensitivity training for healthcare providers, where peers share information on the culture, characteristics, needs and issues of the community. They also train professionals on communication and terminology preferred by community members, to provide more friendly and high-quality services.

Implications

As MSM, transgender women and hijra persons who also use substances, this population is at the intersection of already stigmatised communities. They face an increased likelihood of discrimination, which can lead to poor health-seeking behaviour that in turn can increase public health risks. It is crucial to ensure that future policies and practices address the intersectionality between key populations in the HIV arena.

Policy Recommendations

- Integrate service delivery and referrals encompassing harm reduction, sexual health and mental health services for MSM, transgender women and hijras who use substances.
- Provide accurate and updated information through service delivery points on substance use, harm reduction services, detoxification, rehabilitation, safer drug use, interactions between substances, overdose management, PEP, PrEP, as well as HIV, STIs, viral hepatitis and other blood-borne viruses
- Sensitize and educate project staff, service providers and healthcare professionals to increase awareness and provide appropriate support to community members
- Facilitate cross-learning between programs and interventions for enhanced understanding of the nuances of harm reduction, substance use treatment and sexual health.
- Engage social media platforms to extend reach and communicate accurate messages on services that can address substance use and facilitate referrals through community networks. Ensure appropriate knowledge of local terminology and practices within the community
- Invest in community-led harm reduction services for MSM and transgender communities, ensuring meaningful involvement of the communities at all stages and levels of intervention
- Encourage communication and networking with other key population groups, particularly with networks of people who use drugs to collectively ensure that shared challenges are addressed. This includes advocacy for the decriminalization of drug use and drug users
- Conduct implementation research to inform program design and enhance the effectiveness of program implementation
- Provide information on the legal rights of drug users, and advocate for the decriminalization of drug use and drug users
- Build capacities of community members to educate peers and increase access to services for substance use treatment

> *"The more the community is involved with designing or implementing a program, the more effective and impactful it would be."* - **Program Manager, Samarth Gujarat**

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